CONFIDENTIAL MORBIDITY REPORT

NOTE: For STD, Hepatitis, or TB, complete appropriate section below. Special reporting requirements and reportable diseases on back.

DISEASE BEING F	REPORTED	· ·				
Patient's Last Name Social Security Number					Ethnicity (✓ one)	
				<u> </u>	☐ Hispanic/Latino	
Birth Date						on-Latino
First Name/Middle Name (or initial) Month Day Year Age					Race (√ one)	
					African-American	n/Black
Address: Number, Street Apt./Unit Number					Asian/Pacific Isla	ander (/ one)
					Asian-Indian	Japanese
City/Town			State Zip Code		Cambodian	☐ Korean
					☐ Chinese ☐ Filipino	Laotian
Estimated Delivery Date						☐ Samoan ☐ Vietnamese
Area Code Home Telephone Gender Pregnant? Month Day Year						Other
	-	M	Y N Unk			
Area Code Work Tele	phone	Patient's Occup	ation/Setting		☐ Native American	/Alaskan Native
Day care Correctional facility					☐ White	
		Health care	School Other		☐ Other:	
DATE OF ONSET	Reporting Health C	Care Provider			REPORT	TO
Month Day Year	Reporting Health C	Care Facility				
	Treporting riealting	Sare I acmity				
DATE DIAGNOSED	Address					
Month Day Year						
	City State Zip Code					
DATE OF DEATH	Telephone Number	r	Fax			
Month Day Year	()		()			
	Submitted by		Date Submitted			
SEXUALLY TRANSMITTED DISEASES (STD) (Month/Day/Year) (Obtain additional forms from your local health department.) VIRAL HEPATITIS Not						
Syphilis		• •	Syphilis Test Results		Pos	Neg Pend Done
☐ Primary (lesion present	-	•	RPR Titer:	☐ Hep A ☐ Hep B	anti-HAV IgM HBsAg	
Early latent < 1 year	_	, ,,	☐ FTA/MHA: ☐ Pos ☐ Neg	☐ Acute	anti-HBc	
Latent (unknown duration	on)		CSF-VDRL: Pos Neg	☐ Chronic	anti-HBc lgM	
☐ Neurosyphilis Gonorrhea	Chlam	vdio –	Other:	☐ Hep C	anti-HBs	
Urethral/Cervical		Urethral/Cervical	PID (Unknown Etiology) Chancroid	☐ Acute	PCR-HCV	
☐ PID ☐ Other:		PID Other:	Non-Gonococcal Urethritis	Chronic		
STD TREATMENT INFOR			Untreated	_	anti-Delta	
☐ Treated (Drugs, Dosage, Route): Date Treatment Initiated ☐ Will treat Suspected Expost					• •	
	M		☐ Unable to contact patient ☐ Refused treatment		Other needle Sexuexposure cont	
			Referred to:		Other:	
TUBERCULOSIS (TB)			1=		TB TREATMENT I	
Status Active Disease	Mantoux TB S	i kin Test Month Day Year	Bacteriology	nth Day Year	Current Treatm	lent RIF ∏ PZA
Confirmed		World Bay Four		Day Tour	1 = =	Other:
☐ Suspected ☐ Infected, No Disease	Date Performed	Pending	Date Specimen Collected		Date Treatment Mo	onth Day Year
Convertor	Results:	= "	Source		Initiated	
☐ Reactor	Chact V Dec		Smear: Pos Neg D		C Untrode 1	
Site(s)	Chest X-Ray	Month Day Year	Culture: Pos Neg	Pending Not done	Untreated Will treat	
Pulmonary	Date Performed Other test(s)			Unable to conta		
☐ Extra-Pulmonary ☐ Both		Pending Not done Abnormal/Noncavitary			Refused treatm	nent
DEMADKS		_,				